U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved
Office of Management
' ' and Budget ' ' No. 1215-0188 Expires 11-30-2008

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 28 U.S.C 439 or 440.

FIEAD THE INSTRUCTIONS CAREFULLY SEFORE PREPARING THIS REPORT.	For Official Use Only				
1. File Number U - 3) SS 2. Flacial Year Covered From:	READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.				
1. File Number U - 3) SS 2. Flacial Year Covered From:	E (1157005_)				
1. Fise Number U 3 S 2. Fiscal Year Covered From:	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
3. Name and address of person filing. Name William M. Shelly A. Name, file number, and address of large graphization. Name William M. Shelly P.O. Box, Bidg., Room No., Many P.O. Box, Bidg., Room No., Many P.O. Box, Bidg., Room No., Many Street Enter appropriate data below II, during the past flecal year, you or your spouse or minor child directly or indirectly flad any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in. engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer (including trade name, If arry). A. Held an interest in. engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer (including trade name, If arry). A. Held an interest in. engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer (including trade name, If arry). A. Held an interest, Transaction, or income. 7.a. Nature of Inferest, Transaction, or income. 7.b. Amount. Signature 15. Signature and verification. The undersigned declaras, under penalty of Pedity and other explicable penalties of the law, that all of the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned is knowledge and belief, two, correct, and complete. (See the section on penalties in the instructions.) Signature Signature A. Held an interest including the biformation contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned is knowledge and belief, two, correct, and complete. (See the section on penalties in the instructions.)		2. Fiscal Year Covered From:			
3. Name and address of person filing. Name : W. A M. Shelly Shelly		11/1/2004 Through 17 /37 /3004			
Labor Organization File Number O.S. 41					
Labor Organization File Number O.S. 41	3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
P.O. Box, Bidg., Room No., if any POSox STO P.O. Box, Building and Room Number, if any Street GF57-B St. HWY 56 City POTSAM State P.O. Street 127 EAST GCW Five City SyrACUSE State P.O. Box, Bidg. Room No., if any ZIP Code +4 136.76 State P.O. Box, Bidg. Room No. If any Street Indirectly and any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monitary value from an employer where employees your organization represents or its activety seeking to represent. A. Name and address of Employer (including trade name, If any). Nome Trade Name, if any: The Amount. Street City State ZIP Code +4 Stgnature Stgnature 15. Signature and verification. The undersigned declares, under penalty of Parjory and other spolicobile penalties of the law, that all of the Information submitted in this report (including the Information continued in any accompanying documents). has been examined by the signatory and is, to the best of the undersigned knowledge and belief, bus, correct, and complete. (See the section on penalties in the instructions). Signad W.J. J.	Name William M. Shelly	Name INTO UNION OF OPERATING ENGINEERS			
Street City POTSAM City Syracuse State MY	/	Labor Organization File Number 015 - 41			
City Pots AM Stote NY ZIP Code +4 13676 State NY Enter appropriate data below If, during the past flacal year, you or your spouse or minor child directly or indirectly flad any of the following interests (except as expected in the instructions): A. Held an interest in, engaged in transactions (including loan) with, or derived income or other committee benefit of monoctary value from an employer whose employees your organization represents or is actively seaking to represent. 6. Name and address of Employer (including trade name, if any). P.O. Box, Bidg. Room No., if any Sireet: City Steet: ZIP Code +4 Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. See the section on penalties in the instructions. Signature Name: 3. Signature Signatur	P.O. Box, Bldg., Room No., if any TO Box STOL	P.O. Box, Building and Room Number, if any			
State IV Toda + 4 ISCTO State IV Toda + 4 ISCTO State IV Toda + 4 ISCO State IV Toda + 4 ISCO State IV Toda + 4 ISCO STATE TO TODA + 4 IS	Street 6459-8 St. HWY 56	Street 127 EASTGIEN AVE			
State IVY IN Code +4 ISGT6 State IVY IN Code +4 ISGCT6 State IVY IN Code +4 ISGCT5 8. Position in labor organization. IN SINESS REPRESENTATIVE Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seaking to represent. 6. Name and address of Employer (including trade name, if any). 7. Nature of Interest, Transaction, or income. 7. Nature of Interest, Transaction, or income. 7. Nature of Interest, Transaction, or income. Sirect City State 2IP Code +4 Signature 15. Signsture and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the Information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed Walliam M. Shalling On Shallos Total	Cily Potsdam	city Syracuse			
Enter appropriate data below II, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seaking to represent. 6. Name and address of Employer (including brade name, If any). 7.a. Nature of Interest, Transaction, or income, 7.b. Amount. Street City Stote i ZIP Code + 4 Signature 15. Signsture and verification. The undersigned declares, under penalty of Penjuoy and other applicable penalties of the law, that all of the Information submitted in this report (including the Information ontained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned snowheap and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signatura A. Held an interest in the instructions.	State NY ZIP Code + 4 [3676]				
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except se specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). 7.a. Nature of interest, Transaction, or income. 7.b. Name: 7.b. Amount: Street: City: Signature 15. Signature and verification. The undersigned declares, under penalty of Penjory and other applicable penalties of the law, that all of the intermetion submitted in this report (including the Information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, brue, correct, and complete. (See the section on penalties in the instructions.) Signature On SHADOS: 315 - 225 - 2766					
(except as specified in the exclusions set forth in the instructions): A. Held an intensat in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Nome and address of Employer (including trade name, if any). 7.a. Nature of inferest, Transaction, or Income, P.O. Box, Bidg., Room No., if any 7.b. Amount. Street City Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the Information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signature A. Held an intensat in, engaged in transactions (including the Information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)					
Signature 15. Signature and verification. The undersigned declares, under penalty of Penjury and other applicable penalties of the law, that all of the Information submitted in this report (including the Information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signature A. Nature of Inferest, Transaction, or Income. 7.b. Amount. Signature 15. Signature and verification. The undersigned declares, under penalty of Penjury and other applicable penalties of the law, that all of the Information submitted in this report (including the Information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except se specified in the exclusions set forth in the instructions):				
Name Trade Name, if any: P.O. Box, Bldg. Room No., if any 7.b. Amount. Street: City Signature 15. Signature and verification. The undersigned declares, under penalty of Penjury and other applicable penalties of the law, that all of the Information submitted in this report (including the Information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed Walkam W. Shally On Shall 05 375 - 205 - 2766	A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
Trade Name, if any: P.O. Box, Bldg Room No., if any 7.b. Amount. Street: City: State: Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the Information contained in any accompanying documents), has been extarmined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed Walliam M. Shally On State 375-265-2766	6. Name and address of Employer (including trade name, if any).	7.a. Nature of Inferest, Transaction, or Income.			
P.O. Box, Bidg Room No., if any 7.b. Amount. Street: City: State: Signature 15. Signature and verification. The undersigned declares, under penalty of Penjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents). has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed Walliam M. Stally On Stato 315-265-2766	Name (
Street: City State; ZIP Code + 4 Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the Information submitted in this report (including the Information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed Walkam M. Shally On Shallot 375-265-2766	Trade Name, if any:				
Street: City State; ZIP Code + 4 Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the Information submitted in this report (including the Information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed Walkam M. Shally On Shallot 375-265-2766	P.O. Box, Bildg., Room No., if any	- Administration of the Control of t			
Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed Walkam M. Stelly On Stellar 375-265-2766		7.b. Amount.			
Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the Information submitted in this report (including the Information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed Walkam M. Shelly On State 315 - 265 - 2766	Street :				
Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the Information submitted in this report (including the Information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed Walkam M. Shelly On State 315 - 265 - 2766	City	**************************************			
Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed Welliam M. Stelly On 864.05 375-265-2766					
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed Welliam M. Shelly On Study On Study 315 - 265 - 2766	State ; ZIP Code + 4				
submitted in this report (including the Information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed Welliam M. Stelling On 8(12) 05 375-265-2766	Signature				
	submitted in this report (including the information contained in any accompany)	ing documents), has been examined by the signatory and is, to the best of the			
	Signed Welliam M. Shelly	on 8/11/05 313-265-2706			
		Date Telephone Number			

Name of Person Filing William M. SL	ielly File	e Number U-		
B. Held an Interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name :	a. Labor Organization b. Trust			
P.O. Box, Bldg., Room No., if any	c. Employer			
Street				
State ZIP Code + 4				
10, If 9.b. or 9.c. is checked give trust or employer's name,	11.a. Nature of such dealing.			
Trade Name, if any: P.O. Box, Bldg., Room No., if any		A PARTY AND A PART		
Street	11.b. Approximate dollar value of such dealing.			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4:				
	12.b. Amount.	A fallen mann in the property of the company of the		
	12.0. Following			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any).	14.a. Nature of payment.			
Name	:	:		
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State : ZIP Code + 4	441	A series and a		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			